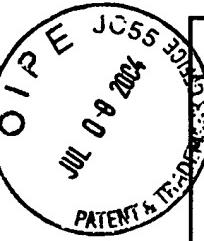


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 014811-000028																														
<p>In re Application of: Ekwuribe, Nnochiri N.</p> <p>Application Number 09/430,735 Filed October 29, 1999</p> <p>For METHODS FOR INDUCING ANALGESIA</p>																																
Group Art Unit 1639		Examiner Celsa																														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 85%;">One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ <u>950.00</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="2">Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td colspan="2">A check in the amount of the fee is enclosed.</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="2">Payment by credit card. Form PTO-2038 is attached.</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="2">The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td colspan="2">The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-4365</u>. I have enclosed a duplicate copy of this sheet.</td> </tr> </table> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>07/13/2004 BABRAHA1 00000128 09430735 02 FC:2253 475.00 OP July 8, 2004 Date</p> <p style="text-align: right;"> Signature William A. Barrett Typed or Printed Name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input type="checkbox"/> Total of 1 form is submitted.</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ <u>950.00</u>	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____	<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.		<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.		<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-4365</u> . I have enclosed a duplicate copy of this sheet.	
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Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.